

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H8	12 5C-916	3/5 04-03-01
RESPONSE FORMALITY REVIEW	MO	2C955	07/09/01

Code 03

AIMS

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	03	51	03	101	03
2	03	52	03	102	03
3	03	53	03	103	03
4	03	54	03	104	03
5	03	55	03	105	03
6	03	56	03	106	03
7	03	57	03	107	03
8	03	58	03	108	03
9	03	59	03	109	03
10	03	60	03	110	03
11	03	61	03	111	03
12	03	62	03	112	03
13	03	63	03	113	03
14	03	64	03	114	03
15	03	65	03	115	03
16	03	66	03	116	03
17	03	67	03	117	03
18	03	68	03	118	03
19	03	69	03	119	03
20	03	70	03	120	03
21	03	71	03	121	03
22	03	72	03	122	03
23	03	73	03	123	03
24	03	74	03	124	03
25	03	75	03	125	03
26	03	76	03	126	03
27	03	77	03	127	03
28	03	78	03	128	03
29	03	79	03	129	03
30	03	80	03	130	03
31	03	81	03	131	03
32	03	82	03	132	03
33	03	83	03	133	03
34	03	84	03	134	03
35	03	85	03	135	03
36	03	86	03	136	03
37	03	87	03	137	03
38	03	88	03	138	03
39	03	89	03	139	03
40	03	90	03	140	03
41	03	91	03	141	03
42	03	92	03	142	03
43	03	93	03	143	03
44	03	94	03	144	03
45	03	95	03	145	03
46	03	96	03	146	03
47	03	97	03	147	03
48	03	98	03	148	03
49	03	99	03	149	03
50	03	100	03	150	03

If more than 150 claims or 10 actions  
staple additional sheet here

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